

Lancaster County Rural Transit Reasonable Modification Complaint Process and Form

Lancaster County Rural Transit is committed to ensuring that the public transit system complies with the Americans with Disabilities Act (ADA), including Section 49 CFR Parts 27 and 37. Transportation entities are required to make reasonable modifications/accommodations to policies, practices, and procedures to avoid discrimination and ensure that programs are accessible to individuals with disabilities.

Any person who wishes to file a complaint regarding a request for Reasonable Modification may file a written complaint.

Reasonable Modification Requests should be mailed or emailed to:

Name: Mitch Sump
Organization: Lancaster County Rural Transit
Address: 233 South 10th
City: Lincoln State: NE Zip: 68508-2250
Email: msump@lincoln.ne.gov
Phone: 402-441-8815

1. To file a reasonable modification request, the attached complaint form should be completed and submitted.
2. All reasonable modification requests **must** be submitted in writing. **If the complainant is unable to write because of a disability and needs assistance in completing the form, Lancaster County Rural Transit staff will assist by taking the reasonable modification request by phone. Please call Mitch Sump for assistance.**
3. Lancaster County Rural Transit will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.
4. Lancaster County Rural Transit will contact the complainant in writing no later than thirty (30) working days after receipt of a reasonable modification request. If the complainant fails to provide the requested information in a timely basis, Lancaster County Rural Transit shall administratively close the reasonable modification request.
5. Lancaster County Rural Transit shall complete the investigation within ninety (90) days or receipt of the reasonable modification request. If additional time for investigation is needed, the complainant will be contacted.
6. A written response will be prepared by the Lancaster County Rural Transit which will include a summary of why the request was denied or grants and recommended action. The complainant will have fifteen (15) working days from receipt of the response to appeal a denial. If no appeal is received, the reasonable modification request will be closed and no further action will be taken.

Complaint Appeals Process

A complainant who is not satisfied with Lancaster County Rural Transit's response to a complaint regarding a request for reasonable modification has the right to appeal.

The Lancaster County Rural Transit and governing body of the agency will review your appeal and respond within twenty-one (21) working days from the date of the appeals request.

The decision to allow or deny a request for reasonable modification will be based on information from the complainant and ADA regulations and exceptions to the rule. These exceptions are:

1. When the modification/accommodation would cause a direct threat to the health or safety of others;
2. Would result in a fundamental alteration of the service;
3. Would not actually be necessary in order for the individual with a disability to access the transportation entity's service; or
4. Would result in an undue financial and administrative burden.

Lancaster County Rural Transit Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact Mitch Sump.

Please complete this form. Fields marked with an asterisk (*) are required.

Person filling out this form:

* Name: _____

* Address: _____

* Telephone: *(preferred)* _____

* Email: _____

Person(s) Refused Reasonable Accommodation *(if other than the complainant)*:

Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes * <input type="checkbox"/> No
* If you answered "yes" to this question, go to next section.
If not, please supply the name and relationship of the person for whom you are complaining: (Name and Relationship)
Please explain why you have filed for a third party:
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of that party: <input type="checkbox"/> Yes <input type="checkbox"/> No
* Primary type of disability? Please check specific disability: <div style="display: flex; flex-wrap: wrap; padding: 0;"><div style="margin-right: 10px;"><input type="checkbox"/> mobility</div><div style="margin-right: 10px;"><input type="checkbox"/> cognitive/intellectual/developmental</div><div style="margin-right: 10px;"><input type="checkbox"/> learning</div><div style="margin-right: 10px;"><input type="checkbox"/> vision</div><div style="margin-right: 10px;"><input type="checkbox"/> mental/psychiatric</div><div style="margin-right: 10px;"><input type="checkbox"/> hearing</div><div style="margin-right: 10px;"><input type="checkbox"/> seizure</div><div style="margin-right: 10px;"><input type="checkbox"/> HIV/Aids</div><div style="margin-right: 10px;"><input type="checkbox"/> diabetes</div><div style="margin-right: 10px;"><input type="checkbox"/> Other or not listed</div></div>
* Describe your request for a reasonable accommodation:

Specific location where we may need to take action *(if applicable)*:

Are you able to use the public transportation system without this modification/accommodation?

☐ Yes ☐ No

Please explain:

Signature and date required below:

Signature

Date

You may submit at the address below by email, fax or mail this form to:

Name: Mitch Sump

Organization: Lancaster County Rural Transit

Address: 233 South 10th

City: Lincoln State: NE Zip: 68508-2250

Email: msump@lincoln.ne.gov

Phone: 402-441-8815